

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90046 037 \*\*\*150.00

DOCUMENT # P36648

1. Corporation Name

CNI, INC.

Principal Place of Business

530 5TH AVENUE  
6TH FLOOR  
NEW YORK NY 10036  
US

Mailing Address

C/O CABLEVISION SYSTEMS CORPORATION  
ONE MEDIA CROSSWAYS  
WOODBURY NY 11797  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1991

4. FEI Number

14-1138304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address c/o Paralegal

26 1111 Stewart Avenue

Suite, Apt. #, etc.

27 City & State

28 Bethpage NY

29 Zip Country

30 11714 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KLINE, DAVID  
STREET ADDRESS 150 CROSSWAYS PARK W  
CITY-ST-ZIP WOODBURY NY 11797

TITLE VPS ☐ DELETE

NAME RATNER, HANK J.  
STREET ADDRESS 150 CROSSWAY PARK W.  
CITY-ST-ZIP WOODBURY NY

TITLE CEO ☐ DELETE

NAME SAPAN, JOSHUA  
STREET ADDRESS 150 CROSSWAYS PARK W.  
CITY-ST-ZIP WOODBURY NY

TITLE D ☐ DELETE

NAME BELL, WILLIAM  
STREET ADDRESS 1 MEDIA CROSSWAYS  
CITY-ST-ZIP WOODBURY NY

TITLE SVPC ☐ DELETE

NAME DOLAN, THOMAS  
STREET ADDRESS ONE MEDIA CROSSWAYS  
CITY-ST-ZIP WOODBURY NY

TITLE V ☐ DELETE

NAME RENZO, MORI  
STREET ADDRESS 420 CROSSWAYS PARK DRIVE  
CITY-ST-ZIP WOODBURY NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Ad Sales ☒ Change ☐ Addition

12 NAME  
1.3 STREET ADDRESS 1111 Stewart Ave  
1.4 CITY-ST-ZIP Bethpage NY 11714

2.1 TITLE Chief Operating Officer ☒ Change ☐ Addition

2.2 NAME and Secretary  
2.3 STREET ADDRESS 1111 Stewart Avenue  
2.4 CITY-ST-ZIP Bethpage NY 11714

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1111 Stewart Avenue  
3.4 CITY-ST-ZIP Bethpage NY 11714

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 1111 Stewart Avenue  
4.4 CITY-ST-ZIP Bethpage NY 11714

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 1111 Stewart Avenue  
5.4 CITY-ST-ZIP Bethpage NY 11714

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS 1111 Stewart Avenue  
6.4 CITY-ST-ZIP Bethpage NY 11714

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)